

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22438**  
Registrar's No. **142**

FILED JUL 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (In this place) <b>2 Hrs</b>		c. CITY OR TOWN <b>Columbia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps Co., Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>704 North 8th St.,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>LESTER</b> c. (Last) <b>BLED SOE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1953</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Jan. 4, 1926</b>		9. AGE (In years last birthday) <b>27</b>		10. IF UNDER 1 YEAR Months <b>0</b>		11. IF UNDER 4 HRS. Hours Mins. <b>0 0</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Koss Constn. Co.,</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hartsburg, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Walter Bledsoe</b>		13b. MOTHER'S MAIDEN NAME <b>Daisy Arnold</b>		14. NAME OF HUSBAND OR WIFE <b>XXX</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Worlds No. 2 488-24-6497</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Albert Crump, Columbia Mo.,</b>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot wound</b>						<b>2 hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe hemorrhage</b>						<b>9 19 43</b>	
		DUE TO (c) <b>Perforation of multiple viscera including liver &amp; spleen</b>						<b>0 81</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Perforation spleen, colon, stomach, liver &amp; lung</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>SHOOTING</b> <b>Home</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>gun shot service station</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Columbia Phelps, MO</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 27 5:31 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>accidental gunshot</b>	
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22. I hereby certify that I attended the deceased from **6-27, 1952**, to **6-27, 1952**, that I last saw the deceased alive on **6-27, 1952**, and that death occurred at **7 00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Stricker M.D.</b>		(Degree or title)		23b. ADDRESS <b>Rolla Mo</b>		23c. DATE SIGNED <b>6-29-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 29 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bonds Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hartsburg RFD Mo.,</b>	
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DATE REC'D BY LOCAL REG. <b>June 29, 1953</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. J. Hill</b>		ADDRESS <b>Rolla MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

812

JUL 7 1953

FEB 10 1953

Date Filed 7-1-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *S. B. Miller*

Licensed Embalmer No. *3397*

P. O. Address *Railway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.